

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/537139

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	1		1				
2							
3	2		1				
4	1		1				
5							
6	1		1				
7							
8	1		1				
9							
10	1		1				
11							
12	1		1				
13							
14	1		1				
15	1		1				
16	1		1				
17							
18	1		1				
19	2		1				
20	2		1				
21	1		1				
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49							
50							
TOTAL IND.	2	5	2	8			
TOTAL DEP.	21	4	19	4			
TOTAL CLAIMS	23	9	21	12			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
51							
52							
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96							
97							
98							
99							
100							
TOTAL IND.							
TOTAL DEP.							
TOTAL CLAIMS							